PATENT	APPLICATION	SERIAL	NO.	
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U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE FEE RECORD SHEET

01/29/2004 HDEMESS1 00000012 090458 10707962

01 FC:1001 770.00 DA 02 FC:1201 344.00 DA 03 FC:1202 252.00 DA

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number
FIS 920030378

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN	
·			(Column 1)		(Column 2)		_	TYPE		OR		ENTITY
TOTAL CLAIMS		34					RATE	FEE		RATE	FEE	
FOR		NUMBER FILED		NUMBER EXTRA		·	BASIC FE	E 385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			3Ψ minus 20= *		* /	14		X\$ 9=		OR	X\$18=	252
INDEPENDENT CLAIMS			7 minus 3 = *		* 	4		X43=		OR	X86=	3¢¢
MULTIPLE DEPENDENT CLAIM PRESENT				····				+145=		OR	+290=	
* If the difference in column 1 is less than zero, enter "0" in					"0" in c	column 2	į	TOTAL		OR	TOTAL	,
CLAIMS AS AMENDED - PART II										OTHER	THAN	
		(Column 1)		(Colum		(Column 3)	• ·_	SMALL	ENTITY	OR	SMALL	
ENT A		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMB PREVIOI PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDME	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	CL AIA4	=		X43=		OR	X86=	
	FIRST PRESE	ENTATION OF MI		^ ^				+145=		OR	+290=	
	1 5	12 17	ØO o	26 2	7		L A	TOTAL DDIT. FEE			TOTAL ADDIT. FEE	
		(Column 1)		(Colum	n 2)	(Column 3)	^				10011.122	
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOU PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	कें क		=		X\$ 9=	,	OR	X\$18=	
AME	Independent	*	Minus	***		=		X43= .		OR	X86=	
	FIRST PRESE	NTATION OF ML	JLTIPLE DEP	ENDENT	CLAIM	. [. 4 45	·		. 200	
								+145=		OR	+290= TOTAL	•
	•						A	ODIT. FEE	· · ·	OR ,	DDIT. FEE	
		(Column 1) CLAIMS		(Columi		(Column 3)	· ·	•		_		
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	R ISLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	<u> </u>	Minus	***		=		X43=			X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR		-
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												
** !!	the "High st Nur	nber Pr viously Pa	id For IN THIS	SPACE is le	ess than	20, enter "20."	AD	TOTAL DIT. FEE		OR A	TOTAL DDIT. FEE	
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriat box in column 1.												